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Attorney Docket No.: 0621.0430C

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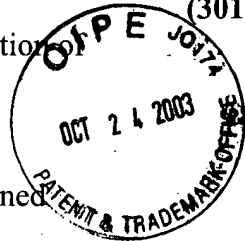
In re the PATENT application

David M. Bapst et al.

Serial No.: Not Yet Assigned

Filed: Herewith

For: Rotatable Entertainment Device



COPY

MAIL STOP Patent Application
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The stamp of the U.S. Patent and Trademark Office placed hereon will indicate the date of receipt of the following:

Transmittal letter (4 Pages);

New Patent Application including:

Sixteen (16) Pages of Specification;

Nine (9) Sheets of Drawings.

Declaration (3 Pages);

Check No. 7210 in the amount of \$842.00 in payment of the filing fee;

Assignment Document (4 Pages);

Assignment Recordation Cover Sheet (3 Pages);

Power by Assignee (including copy of Assignment document);

Check No. 7211 in the amount of \$40.00 in the payment of the Assignment Recordation Fee;

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Page 2

Information Disclosure Statement;
PTO/SB/08A; and
Two (2) foreign patent documents.

Hand-delivered: October 24, 2003

JFW



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/691,663
Applicant : David M. Bapst et al.
Filed : October 24, 2003
TC/A.U. : 3712
Examiner : Cegielnik, U.
Confirmation No. : 6345
Docket No. : 0621.0430C
Customer No. : 27896
Title : ROTATABLE ENTERTAINMENT DEVICE

Mail Stop Non-Fee Amendment

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

TRANSMITTAL OF RESPONSE

Enclosed are the following documents in response to the Office Action mailed September 8, 2004 for the above-identified application:

- ☒ Amendment/Response (10 pages)
- ☐ Petition for Extension of Time
- ☐ Request for Approval of Drawing Changes
- ☐ Information Disclosure Statement
- ☐ Notice of Appeal
- ☐ Associate Power
- ☐ Revocation and New Power
- ☐ Change of Address
- ☐ Return receipt postcard
- ☐ Check No. _____ in the amount of \$ _____ for the total fee as calculated below
- ☒ Other: Copies of PTO-1449 and PTO-stamped filing receipt filed October 24, 2003 (3 pages)

The fee has been calculated as follows:

	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEE
Total Claims	23	- 24 = 0	0	x \$18.00	
Independent Claims	2	- 3 =		x \$88.00	
If multiple dependent claims are presented, add \$300.00					
Total Amendment Fee					
<input type="checkbox"/> Applicant claims Small Entity Status (subtract 50% of Total Application Fee)					
Other fees: (specify)					
TOTAL FEE DUE					0.00

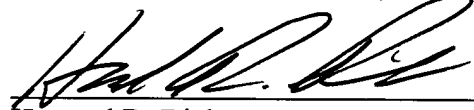
- ☐ A check for the total fee is attached.
- ☐ Please charge \$ to Deposit Account No. 05-0460 for the total fee. This paper is being submitted in duplicate.
- ☒ The Commissioner is hereby authorized to charge any additional appropriate fees under 37 C.F.R. §§1.16, 1.17, and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 05-0460.

Dated: December 7, 2004

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By:

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